

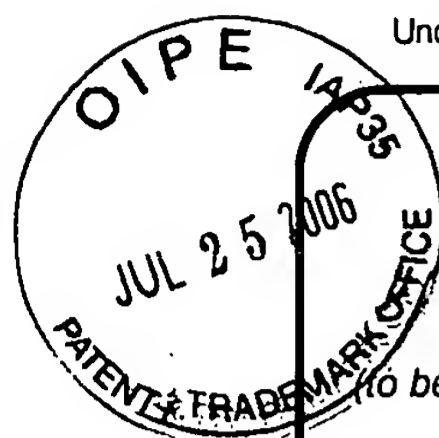
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/622,313
		Filing Date	July 17, 2003
		First Named Inventor	Barden
		Group Art Unit	1647
		Examiner Name	Lockard, J. M.
Total Number of Pages in This Submission	5	Attorney Docket Number	080404-000000US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) One (1) reference
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages <u>does not</u> include cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Joe Liebeschuetz Reg No. 37,505
Signature	
Date	July 21, 2006

CERTIFICATE OF MAILING

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		July 21, 2006	
Typed or printed name	Christopher R. Fitting		
Signature		Date	July 21, 2006

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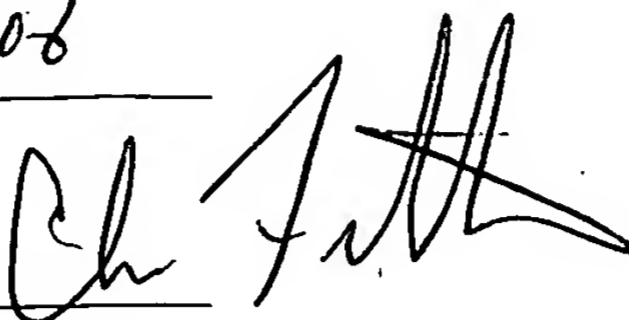
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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PATENT
Attorney Docket No.: 080404-000000US
Client Reference No.: 12627 / KC/nc

On

7/21/06

TOWNSEND and TOWNSEND and CREW LLP



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Julian Alexander Barden et al.

Application No.: 10/622,313

Filed: July 17, 2003

For: ANTIBODIES TO NON-
FUNCTIONAL P2X7 RECEPTOR
DIAGNOSIS AND TREATMENT OF
CANCERS AND OTHER CONDITIONS

Confirmation No.: 4347

Examiner: Lockard, J. M.

Art Unit: 1647

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER
37 CFR §1.97 and §1.98

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

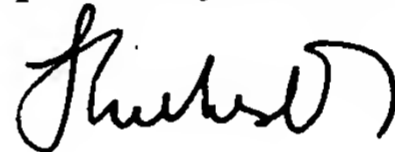
Sir:

The reference cited on the attached PTO/SB/08B form is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Joe Liebeschuetz
Reg. No. 37,505

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